TION FOR UNITED STATES PA **DECLARATION AND POWER OF ATTORNEY** Docket No.: 108012

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

described and clair	med in the spec	ification:		
Check one				
*a. 🔀	attached here	to.	amended on (if applicable).	
ъ	ined on	_ as Application No and a	anended on (if applicable).	
amended by any a	mendment refei	rred to above.	contents of the above-identified specifical	
I acknow			ormation known to me to be material to pa	tentability as defined in Title
Under 7	Title 35, U.S. C	Code §119, the priority benefits o	of the following foreign application(s) and within one year prior to this application are	or United States provisiona hereby claimed:
			NONE	
States of America	either (a) more	tion(s) for patent or inventor's cele than one year prior to this applies provisional application(s):	rtificate on this invention were filed in co cation, or (b) before the filing date of the	untries foreign to the United above-named foreign priority
		1	NONE	
		following as my attorneys of re- niness in the Patent Office:	cord with full power of substitution and	revocation to prosecute this
	K E M	irk M. Hudson, Reg. No. 27,562 dward P. Walker, Reg. No. 31,4 lario A. Costantino, Reg. No. 33 Armstrong, Reg. No. 36,430; C	William P. Berridge, Reg. No. 30,024; 2; Thomas J. Pardini, Reg. No. 30,411; 150; Robert A. Miller, Reg. No. 32,771; 3,565; Stephen J. Roe, Reg. No. 34,463; hristopher W. Brown, Reg. No. 38,025; a ce, Reg. No. 31,560.	and
		N CONNECTION WITH THIS ANDRIA, VIRGINIA 22320, TE	S APPLICATION SHOULD BE SENT CLEPHONE (703) 836-6400.	TO OLIFF & BERRIDGE
own knowledge a	re true and that he knowledge t Title 18 of the U	t all statements made on informat hat willful false statements and th	e contents of this Declaration, and that all stion and belief are believed to be true; and he like so made are punishable by fine or willful false statements may jeopardize the	further that these statements imprisonment, or both, unde
Section 1001 of T any patent issued			C.	PULLEY
any patent issued i		Harry	Ç.	
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including country)

Guelph, Ontario, Canada N1K 1A2 *If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

l	Typewritten Full Nan	ne			•
	of Second Joint Inven	itor (if any)	Michael	Н.	CHAPMAN
		n	Given Name	Middle Initial	Family Name
	**Inventor's Signature		il Chapeno	<u> </u>	
	**Date of Signature:		January	3	2001
			Month	Day	Year
	Residence:	Gue	lph	Ontario	Canada
		Cit	y	State or Province	Country
	Citizenship:	Canada			
		Post Office Addres			
		(Insert complete mailing address,	2 Wagoners Trail		
		including country)	Guelph, Ontario, Canada	NIG 3M9	
	Typewritten Full Nan		Guerpii, Ontario, Cariado	1110 31117	
	of Third Joint Invent		Sandra		LOOP
		(55)	Given Name	Middle Initial	Family Name
	**Inventor's Signature	3·	Sandi	a Soop	
	**Date of Signature:			.3	2001
		Month	chuary	Day	Year
	Residence:	Water	loo	Ontario	Canada
				State or Province	
	C'a' 1 '	Cit	y	State of Province	Country
	Citizenship:	Canada			
		Post Office Addres	s: 805 Columbia Forest Co	net.	
		(Insert complete mailing address,	803 Columbia Polest Co	urt	
		including country)	Waterloo, Ontario, Cana	da N2V 2M6	
Typewritten Full Name					
	of Fourth Joint Inven	ntor (if any)	Phillippe	F.	BERTRAND
			_Given Name	Middle Initial	Family Name
	**Inventor's Signature	e:	245		
	**Date of Signature:		1	3	2001
	Date of Digitature.		Month (Day	Year
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	Residence:	Kitche		Ontario State or Province	Canada Country
	Citizenship:	·	y	State of Flovince	Country
	Citizenship.	Canada			
		Post Office Addres	s: 74 Hearth Cr.		
		(Insert complete mailing address,	71104111011		
		including country)	Kitchener, Ontario, Cana	da N2M 1G6	
	Typewritten Full Nan	ne			
	of Fifth Joint Invento		Thomas	B.	KAPLER
		(3)/	Given Name	Middle Initial	Family Name
	**Inventor's Signature	: :			
		<u></u>			
	**Date of Signature:				<u> </u>
			Month	Day	Year
	Residence:	Toronto		Ontario	Canada
		City		State or Province	Country
	Citizenship:	Canada	····		
	Post Offi	ce Address:	0101010		
		(Insert complete	81 Baby Point Cresent	<u> </u>	
		mailing address, including country)	Toronto, Ontario, Canad	o M6S 2D7	
		merading country)	Toronto, Ontario, Canad	a IVIUO AD/	

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

APP ATION FOR UNITED STATES PANT DECLARATION AND POWER OF ATTORNEY

Docket No.: 108012

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

		the subject matter which is of the subject matter which is of the subject to the	claimed and for which a patent is sou	ught on the invention entitled:
described and cla	imed in the specification	<u> </u>		
Check one	-			
	attached hereto. filed on as Ap	plication No and ame	nded on (if applicable).	
amended by any a	amendment referred to a	oove.	ents of the above-identified specification known to me to be material to p	· · · · · · · · · · · · · · · · · · ·
Under '	Title 35, U.S. Code §11		e following foreign application(s) and none year prior to this application are	-
		NON	E	·
States of America	, , ,	e year prior to this application	rate on this invention were filed in con, or (b) before the filing date of the	_
		NON	E	
	by appoint the following transact all business in		with full power of substitution and	I revocation to prosecute this
	Edward F Mario A. Joel S. Armstr	C. Walker, Reg. No. 31,450; Costantino, Reg. No. 33,565 ong, Reg. No. 36,430; Christ Richard E. Rice, F		
		ECTION WITH THIS AP , VIRGINIA 22320, TELEI	PLICATION SHOULD BE SENT PHONE (703) 836-6400.	TO OLIFF & BERRIDGE,
own knowledge a were made with t	are true and that all state the knowledge that willf Fitle 18 of the United St	ments made on information and the lib	ntents of this Declaration, and that all and belief are believed to be true; an are so made are punishable by fine or all false statements may jeopardize the	d further that these statements imprisonment, or both, under
Typewritten Full No of First or Sole Inv		Harry	C.	PULLEY
y I iisi oi Boic Inv		Given Name	Middle Initial	Family Name
**Inventor's Signature **Date of Signature				
Residence:		Month iuelph	Day Ontario	Year Canada
Citizenship:	Canada	City	State or Province	Country
•	Post Office Addres (Insert complete	s: 532 Whitelaw Road		
	mailing address, including country)	Guelph, Ontario, Canada	NIK 1A2	

^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

Typewritten Full Name					
of Second Joint Inve	ntor (if any)	Michael Given Name	H. Middle Initial	CHAPMAN Family Name	
**Inventor's Signatur	·e·	Given Name	iviluale initial	Family Name	
	···				
**Date of Signature:					
5	0.11	Month	Day	Year	
Residence:	Guelph City	1	Ontario State or Province	Canada Country	
Citizenship:	Canada		State of Flovince	Country	
	Post Office Address: (Insert complete	2 Wagoners Trail			
	mailing address, including country)	Guelph, Ontario, Canada	NIG 3M9		
	Typewritten Full Name				
of Third Joint Invent	tor (if any)	Sandra	N. 61 1.11 X 1.11 1	LOOP	
		Given Name	Middle Initial	Family Name	
**Inventor's Signatur	·e:				
**Date of Signature:		<u> </u>			
	Month		Day	Year	
Residence:	Waterloo	0	Ontario	Canada	
	City		State or Province	Country	
Citizenship:	Canada				
•	Post Office Address:				
	(Insert complete	805 Columbia Forest Co	urt		
	mailing address,	W. L. O. J. G. L. NOVOV.			
•	including country)	Waterloo, Ontario, Canada N2V 2M6			
Typewritten Full Nat of Fourth Joint Invel					
oj Fourin Joini Invel	ntor (ij any)	Phillippe	F.	BERTRAND	
		Given Name	Middle Initial	Family Name	
**Inventor's Signatur	re:	<u>.</u>		 	
**Date of Signature:					
		Month	Day	Year	
Residence:	Kitchene	r	Ontario	Canada	
Residence.	City	•	State or Province	Country	
Citizenship:	Canada				
	Post Office Address:	74 December Co.			
	(Insert complete	74 Hearth Cr.			
	mailing address, including country)	Kitchener, Ontario, Cana	da N2M 1G6		
•		Kitchener, Ontario, Cana	ua 142IVI TOU		
	Typewritten Full Name		B.	KAPLER	
oj rijin somi inventi	f Fifth Joint Inventor (if any)		Middle Initial	Family Name	
**Inventor's Signatur	re:	A siven Name	19/18	· a.m. ramic	
S o o gradu		1/6/000	' 6		
**Date of Signature:				2001	
	- <u> </u>	Month	Day	Year	
Residence:	Toronto	•	Ontario	Canada	
	City		State or Province	Country	
Citizenship:	Canada			-	
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, 03. 011	(Insert complete	81 Baby Point Cresent			
	mailing address,				
	including country)	Toronto, Ontario, Canada	a M6S 2B7		

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

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